

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>1/12/00</u>		2 Serial/Patent # <u>09/155676</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/> Filing			\$ 660						
<input type="checkbox"/> Amendment			\$						
<input type="checkbox"/> Extension of Time			\$						
<input type="checkbox"/> Notice of Appeal/Appeal			\$						
<input type="checkbox"/> Petition			\$						
<input type="checkbox"/> Issue			\$						
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/> Maintenance			\$						
<input type="checkbox"/> Assignment			\$						
<input type="checkbox"/> Other <u>Claims</u>			\$ 246						
		7 TOTAL AMOUNT OF REFUND							
		\$							
10 REASON:		8 TO BE REFUNDED BY:							
<input type="checkbox"/> Overpayment		<input type="checkbox"/> Treasury Check							
<input checked="" type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/							
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>2</td><td>--</td><td>4</td><td>0</td><td>35</td> </tr> </table>		0	2	--	4	0	35
0	2	--	4	0	35				
<u>Money but response filed, thereby reduce rate</u>									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME:		TITLE: <u>HSRE</u>							
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-3608</u>							
OFFICE:									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, a white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B